

<<口腔修复学、正畸学与儿童口腔>>

图书基本信息

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## 前言

The philosophy of this textbook remains unchanged from that of the First Edition, where the emphasis was placed on understanding, learning and self-assessment so that the reader is able to explore their own level of knowledge, identify their strengths and, perhaps more importantly, weaknesses or gaps in their knowledge base, which can then be addressed. Basically, the book comprises chapters on aspects of restorative dentistry, paediatric dentistry and orthodontics. There is also a chapter on law and ethics that has been updated considerably since the First Edition as a consequence of the considerable developments and restructuring that have occurred within the General Dental Council of the United Kingdom. Changes with respect to registerable qualifications, development of specialist lists and the International Qualifying Examination have also underpinned significant rewriting of this chapter. There is also a new chapter that addresses the restorative management of dental implants in which the objective is to present the reader with the basic restorative concepts of dental implantology whilst recognising that those postgraduates who may have a broadening interest in this subject will need to refer to a more specialist text. Another innovation has been the inclusion of extended matching item (EMI) questions in all of the self-assessment sections. This type of question is becoming more popular as a form of assessment in UK dental schools and it is widely recognised that they are an effective and valid assessment tool as well as being a significant challenge for examiners to prepare!

The popularity of various assessment tools, however, tends to change on a regular basis and every effort will be made to ensure that the assessment methods presented in this textbook will remain in touch with contemporary education philosophy. Finally, I should like to record my sincerest thanks to the contributing authors to this book, all of whom are recognised experts in their respective specialties and who have worked diligently to update their chapters for this Second Edition.

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### 内容概要

本书是口腔医学专业双语教学的核心教材，以简明易读的形式讲述口腔修复学正畸学与儿童口腔医学基本要点。

编写过程中使用了大量示意图与照片，方便学生学习与掌握学科核心内容。

每一部分皆附有多种形式的自我测试题和解析，有益于学生复习备考和提高应试能力。

本套丛书是口腔医学专业本科生及研究生的实用教材和理想的复习备考用书。

作者简介

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## 章节摘录

Techniques For effective instrumentation, the operator should be comfortably seated, the patient should be supine in the dental chair and there should be good illumination. An assistant should retract the oral soft tissues, where necessary, and maintain a clean operating field through the use of an aspirator. The operator should have a good knowledge of dental anatomy and root morphology, and appropriately selected, sharp instruments should be used. The modified pen grip is preferred, in which the instrument is held by the thumb, index finger and middle finger in the same way as a pen is held. However, the index finger is bent so it can be positioned well above the middle finger on the instrument handle. In this way, a triangle of force is applied to the instrument, and this tripod effect allows for stability and tactility during use. The fourth finger (ring finger) is used as a finger rest to stabilise the hand and reduce the likelihood of uncontrolled movements and injury. The finger rest also acts as a fulcrum for working movements of the instrument. Finger rests may be on tooth surfaces in the immediate vicinity of the working area, they may be cross arch (on tooth surfaces in the other side of the same arch), opposite arch or extraoral. Calculus should be identified prior to RSI. Supragingival calculus can be seen with good lighting and a dry field. The dark colour of subgingival calculus may be visible through thin overlying gingival tissues. An air syringe to retract the gingiva may also reveal subgingival calculus. Interproximal calculus may be visible radiographically. An explorer should be used subgingivally to check for calculus, grooves, furcations and other anatomical structures. Scaling instruments should be adapted to the tooth surface, which means that the cutting edge of the instrument conforms to the anatomy of the root surface. This results in maximal efficiency during scaling and minimal damage to the adjacent tissues. The cutting edge should be angled at between 45 and 90° to the root surface: less than 45° and the instrument will not engage the calculus, more than 90° and tissue trauma will be achieved instead. Instruments should be placed apical to the calculus and pulled coronally with firm, controlled strokes to remove the calculus. Increasing lateral pressure may need to be applied to remove particularly tenacious deposits. Following RSI, debris should be flushed from the pocket with an irrigating solution (e.g. chlorhexidine) in a syringe with a blunt needle. Scaling is indicated for removal of plaque and calculus from enamel surfaces. On root surfaces, however, calculus and plaque grow in surface irregularities of cementum, and this thin layer of cementum may need to be removed during RSI. Furthermore, bacterial products, such as endotoxin, penetrate into the cementum surface, and removal of a superficial layer of cementum promotes healing. It is not necessary, however, to remove extensive amounts of cementum and/or dentine during RSI, and to do so can cause dentine hypersensitivity, pulpitis and, at extremes, render the tooth susceptible to fracture. Historically, dentists aimed to leave root surfaces 'glassy smooth and hard' following RSI (referred to then as root planing). However, research has shown that this is not necessary, and indeed, may result in excessive damage to the tooth by removal of excess cementum. Instead, we now consider that RSI aims to remove plaque and calculus and disrupt the subgingival biofilm so that the host-parasite balance is tipped in favour of the host to promote healing. The pockets should not be probed sooner than 6-8 weeks after RSI as this may interfere with the healing process. Post-treatment evaluation of the healing response to RSI should be considered together with patient plaque-control capabilities and motivation prior to embarking on further treatments, such as additional RSI, adjunctive antimicrobial usage or periodontal surgery.

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